

Topic	Variable	Comments/Definition	2001	2003	2005	2007
Alcohol and other drugs	During your life how many times have you used marijuana?		Y	Y	Y	Y
Alcohol and other drugs	During your life, how many times have you taken steroid pills or shots without a doctor's prescription?		Y	Y	Y	Y
Alcohol and other drugs	During your life, how many times have you used a needle to inject any illegal drug into your body?		Y	Y	Y	
Alcohol and other drugs	During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?		Y	Y	Y	Y
Alcohol and other drugs	During your life, how many times have you used ecstasy (also called MDMA)?			Y	Y	Y
Alcohol and other drugs	During your life, how many times have you used heroin (also called smack, junk, or China White)?		Y	Y	Y	
Alcohol and other drugs	During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?		Y	Y	Y	
Alcohol and other drugs	During your life, one how many days have you had at least one drink of alcohol?		Y	Y	Y	Y
Alcohol and other drugs	During your life, times sniffed glue, or breathed the contents of aerosol spray cans or inhaled any paints to get high?		Y	Y	Y	Y
Alcohol and other drugs	During your life, times taken painkillers, such as OxyContin, Codeine, Percocet, or Tylenol III, without a doctor's prescription?					Y
Alcohol and other drugs	Had at least one drink of alcohol on one or more of the past 30 days?			Y	Y	Y
Alcohol and other drugs	How old were you when you had your first drink of alcohol other than a few sips?		Y	Y	Y	Y
Alcohol and other drugs	How old were you when you tried marijuana for the first time?		Y	Y	Y	Y
Alcohol and other drugs	Parents made it clear that they expect you not to use alcohol?					Y
Alcohol and other drugs	Past 12 months, has anyone offered, sold, or given you and illegal drug on school property?		Y	Y	Y	Y
Alcohol and other drugs	Past 30 days, days had 5 or more drinks of alcohol in a row, that is, within a couple of hours?		Y	Y	Y	Y
Alcohol and other drugs	Past 30 days, days had at least one drink of alcohol on school property?		Y	Y	Y	Y
Alcohol and other drugs	Past 30 days, days had at least one drink of alcohol?		Y	Y	Y	Y
Alcohol and other drugs	Past 30 days, how many times did you use marijuana on school property?		Y	Y	Y	Y
Alcohol and other drugs	Past 30 days, how many times did you use marijuana?		Y	Y	Y	Y
Alcohol and other drugs	Past 30 days, times sniffed glue, breathed the contents of aerosol spray cans or inhaled any paints to get high?		Y	Y		
Alcohol and other drugs	Past 30 days, how did you get your alcoholic beverages?					Y
Alcohol and other drugs	Past 30 days, times used any form of cocaine, including powder, crack, or freebase?		Y	Y	Y	Y
Alcohol and other drugs	Used any form of cocaine, including, powder, crack, or freebase one or more times during the past 30 days?			Y	Y	Y
Alcohol and other drugs	Used marijuana one or more times during the past 30 days?			Y	Y	Y
Asthma	Current asthma	Includes students who have ever been told by a doctor or nurse that they had asthma and who report that they still have asthma.				Y
Asthma	Do you still have asthma?					Y
Asthma	During the past 12 months, had an episode of asthma or an asthma attack?				Y	
Asthma	Told by a doctor or nurse that had asthma?				Y	Y
Demographics	Are you Hispanic or Latino?					Y
Demographics	How do you describe your health in general?				Y	
Demographics	How do you describe yourself ? (Race/ethnicity: 7 categories, including Hispanics)	All non-Hispanic categories include only non-Hispanic cases, including the multiple race category.	Y	Y	Y	Y
Demographics	How do you describe yourself? (Race/ethnicity: 8 categories, including Hispanics)		Y	Y	Y	Y
Demographics	How old are you?		Y	Y	Y	Y
Demographics	How old are you? (2 categories)		Y	Y	Y	Y
Demographics	How old are you? (5 categories)		Y	Y	Y	Y
Demographics	In the past 12 months, how would you describe your grades in school?		Y	Y		Y
Demographics	In what grade are you?		Y	Y	Y	Y
Demographics	What is your sex?		Y	Y	Y	Y
Demographics	What language do you usually speak at home?					Y
Demographics	Which of the following best describes you? (Sexual orientation)					Y
Depression and Suicide	If attempted suicide past 12 months, attempt resulted in injury, poisoning or overdose that had to be treated by a doctor or nurse?		Y	Y	Y	Y
Depression and Suicide	Past 12 months, ever feel so sad or hopeless almost everyday for 2 wks or more in a row that stopped doing some usual activities?		Y	Y	Y	Y
Depression and Suicide	Past 12 months, ever seriously consider attempting suicide?		Y	Y	Y	Y
Depression and Suicide	Past 12 months, made a plan about how would attempt suicide?		Y	Y	Y	Y
Depression and Suicide	Past 12 months, times actually attempted suicide?		Y	Y	Y	Y
Disability	Do you have any long-term emotional problems or learning disabilities?					Y
Disability	Do you have any physical disabilities or long-term health problems?					Y
Personal Safety - Vehicle	How often do you wear a seatbelt when riding in a car driven by someone else?		Y	Y	Y	Y
Personal Safety - Vehicle	Past 30 days, times drove a car or other vehicle when you had been drinking alcohol?		Y	Y	Y	Y
Personal Safety - Vehicle	Past 30 days, times rode in a car or other vehicle driven by someone who had been drinking alcohol?		Y	Y	Y	Y
Personal Safety - Vehicle	When you rode a bicycle during the past 12 months, how often did you wear a helmet?		Y	Y	Y	Y
Personal Safety - Vehicle	When you rode a motorcycle during the past 12 months, how often did you wear a helmet?		Y			
Physical activity	During the past 12 months, sports played?		Y	Y	Y	
Physical activity	In an average week when in school, days went to physical education (PE) classes?		Y	Y	Y	
Physical activity	Insufficient vigorous and insufficient moderate activity			Y	Y	
Physical activity	On an average school day hours watched TV?		Y	Y	Y	Y
Physical activity	Participated in physical activity that did not make them sweat or breathe hard for 30 minutes or more on 5+ of past seven days?	Moderate physical activity		Y	Y	
Physical activity	Played video or computer games or used a computer for something not school or work related					Y
Physical activity	Physical activity for total of 60 minutes or more per day on five or more of the past seven days?				Y	Y
Sexual Behavior	Did you drink alcohol or use drugs before you had sexual intercourse the last time?		Y	Y	Y	Y
Sexual Behavior	During your life, with how many people have you had sexual intercourse?		Y	Y	Y	Y

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Sexual Behavior	During your life, with whom have you had sexual contact?					Y
Sexual Behavior	Had sexual intercourse with one or more people during the past three months?			Y	Y	Y
Sexual Behavior	Have you ever been taught about AIDS or HIV infection in school?		Y	Y	Y	Y
Sexual Behavior	Have you ever had sexual intercourse?		Y	Y	Y	Y
Sexual Behavior	How many times have you been pregnant or gotten someone else pregnant?		Y	Y		
Sexual Behavior	How old were you when you had sexual intercourse for the first time?		Y	Y	Y	Y
Sexual Behavior	Past 3 months, with how many people did you have sexual intercourse?		Y	Y	Y	Y
Sexual Behavior	The last time you had sexual intercourse, did you or your partner use a condom?		Y	Y	Y	Y
Sexual Behavior	The last time you has sexual intercourse, what one method did you or your partner use to prevent pregnancy?		Y	Y	Y	Y
Tobacco	Current smokers	Percentage of students who smoked cigarettes on one or more of the past 30 days.				
Tobacco	Among current smokers, smoked more than 10 cigarettes per day on days that smoked?			Y	Y	Y
Tobacco	Current cigarette smoker (at least one day during the past 30 days)			Y	Y	Y
Tobacco	Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?		Y	Y	Y	Y
Tobacco	Have you ever tried cigarette smoking, even one or two puffs?	Ever smoker	Y	Y	Y	Y
Tobacco	How old were you when you smoked a whole cigarette for the first time?		Y	Y	Y	Y
Tobacco	Past 12 months, did a doctor, dentist, or nurse ask you whether you smoke cigarettes?					Y
Tobacco	Past 12 months, did you ever try to quit smoking cigarettes?		Y	Y	Y	Y
Tobacco	Past 12 months, have you tried any flavored cigarettes other than menthol?					Y
Tobacco	Past 30 days, days did you use chewing tobacco, snuff, or dip?		Y	Y	Y	Y
Tobacco	Past 30 days, days smoked cigarettes on school property?		Y	Y	Y	Y
Tobacco	Past 30 days, days smoked cigars, cigarillos, or little cigars?		Y	Y	Y	Y
Tobacco	Past 30 days, days used chewing tobacco or snuff on school property?		Y	Y	Y	Y
Tobacco	Past 30 days, did anyone refused to sell you tobacco because of you age?					Y
Tobacco	Past 30 days, how did you usually get your own cigarettes?		Y	Y	Y	Y
Tobacco	Past 30 days, on the days that you smoked, how many cigarettes smoked per day?		Y	Y	Y	Y
Tobacco	Past 30 days, days smoked cigarettes?	Current smoker	Y	Y	Y	Y
Tobacco	Smoked cigarettes or cigars or used smokeless tobacco?			Y	Y	Y
Tobacco	Students less than 18, current smokers, usually got own cigarette at store or gas station	Among students who are less than 18 years of age and who are current smokers, the percentage who usually got their own cigarettes by buying them in a store or gas station during the past 30 days.		Y	Y	Y
Tobacco	When bought or tried to buy cigarettes in a store during the past 30 days, ever asked to show proof of age?		Y			
Violence	Have you ever been physically forced to have sexual intercourse when you did not want to?		Y	Y	Y	Y
Violence	Past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?		Y	Y	Y	Y
Violence	Past 12 months, times in a physical fight in which injured and had to be treated by a doctor or nurse?		Y	Y	Y	Y
Violence	Past 12 months, times in a physical fight on school property?		Y	Y	Y	Y
Violence	Past 12 months, times in a physical fight?		Y	Y	Y	Y
Violence	Past 12 months, times someone stole or deliberately damaged property such as your car, clothing, or books on school property?			Y	Y	
Violence	Past 12 months, times threatened or injured with a weapon such as a gun, knife, or club on school property?		Y	Y	Y	Y
Violence	Past 30 days, days carried a gun?		Y	Y	Y	
Violence	Past 30 days, days carried a weapon such as a gun, knife or a club?		Y	Y	Y	Y
Violence	Past 30 days, days carried a weapon such as a gun, knife, or club on school property?		Y	Y	Y	Y
Violence	Past 30 days, days did not go to school because felt unsafe at school or on way to or from school?		Y	Y	Y	Y
Weight and Nutrition	At risk for becoming overweight	At or above the 85th percentile but below the 95th percentile for body mass index by age and sex based on reference data from the National Health and Nutrition Examination Survey I.		Y	Y	Y
Weight and Nutrition	Ate five or more servings per day of fruits and vegetables during the past seven days?			Y	Y	Y
Weight and Nutrition	Drank three or more glasses per day of milk during the past seven days?			Y	Y	Y
Weight and Nutrition	Drank a can, bottle, or glass of soda or pop one or more times per day in the past seven days?					Y
Weight and Nutrition	During an average physical education (PE) class, how many minutes spent actually exercising or playing sports?		Y	Y	Y	
Weight and Nutrition	How do you describe your weight?		Y	Y	Y	Y
Weight and Nutrition	Overweight	At or above the 95th percentile for body mass index by age and sex based on reference data from the National Health and Nutrition Examination Survey I.		Y	Y	Y
Weight and Nutrition	Past 30 days, ate less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?		Y	Y	Y	Y
Weight and Nutrition	Past 30 days, did you exercise to lose weight or to keep from gaining weight?		Y	Y	Y	Y
Weight and Nutrition	Past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?		Y	Y	Y	Y
Weight and Nutrition	Past 30 days, took diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight?		Y	Y	Y	Y
Weight and Nutrition	Past 30 days, went without eating for 24 hours or more to lose weight or to keep from gaining weight?		Y	Y	Y	Y
Weight and Nutrition	Which of the following are you trying to do about your weight?		Y	Y	Y	Y
Year	Survey year		Y	Y	Y	Y